



CITY OF CHICAGO



DEPARTMENT OF HOUSING

November 1, 2021

RE: EMERGENCY HEATING REPAIR PROGRAM

Dear Applicant(s),

Thank you for your interest in the Chicago Department of Housing (DOH) Emergency Heating Repair Program (EHRP). This is a one-time service grant that will provide furnace or boiler repair service or replacement to a single-family, one- to four-unit, owner-occupied residential property located in the city of Chicago.

The enclosed package includes the following documents:

- Program Summary Sheet
- Income Limits Chart
- Frequently Asked Questions and Answers Sheet

Application Forms:

- Application (5-pages)
- Notification of Lead Base Paint Acknowledgement form
- Tenant Certification Form
- Documentation Checklist

The completed application and all supporting documents that apply to your household must be submitted during the open enrollment period of November 1, 2021, through April 1, 2022.

NOTE: Funding is limited and available on a first-come-first-service basis. Please return the completed application with all supporting documents to our office as soon as possible for processing and funding reservation.

The completed application packages can be submitted by one of the following methods:

- Mail: City of Chicago-Department of Housing -Attn: Emergency Heating Repair Program, 121 N. LaSalle St, Chicago, IL 60602, 10th floor, Rm 1000
- Email: ehrp@cityofchicago.org. Subject line: EHRP application (documents must be scanned. Photo documents not acceptable)
- Drop-off at: City Hall, 121 N LaSalle St, Chicago, IL 60602, 10th floor; Room 1000
- Fax: (312) 742-0264: Attn: Emergency Heating Repair Program (EHRP)

If you have any questions or need assistance with your application, please contact one of the DOH's program staff members: Regina Gibson at (312) 744-0070, Jequetta Vaughn (312) 744-5409 or Cindy Patino (312) 744-1819 (Spanish-language).

Sincerely,

Judith S. Pernell, Program Director
Chicago Department of Housing



Program Summary

EMERGENCY HEATING REPAIR PROGRAM (EHRP)

Services

The Chicago Department of Housing (DOH) Emergency Heating Repair Program (EHRP) provides a grant up to \$24,999 to low-moderate income, owner-occupied residential building of one to four (1-4) units. The program is limited to the repair/replacement service of a heating system. Remedies commensurate to the level of damage determined by the DOH Rehab Construction division upon inspection (*assistance limited to funding availability*). Grant funds are limited and provided on a first-come, first-serve basis to income qualified Chicago residential property owners. **Eligible residential buildings will be assisted one time for one-service (furnace or boiler) only and for the life of the property.** In two to four (2-4) unit residential buildings with individual heating systems only the owner-occupied unit will qualify for assistance.

Applicant(s) Income Requirements

Total household members gross income earnings (including rental income, earning for minors and any other source of income) that totals 80% or less of the Area Median Income (AMI) are eligible to participate in the program.

NOTE: The Tenant Income Certification form must be completed by tenant(s) only if the repair/replaced heating unit provides service for the entire multi-family building.

Property that is jointly owned, the total gross income of all owners shall be included with other household member(s) income and may not exceed 80% of AMI-

Applicant(s)/Property Requirements

Applicant(s) must be on title to deed for at least one (1) year starting from the date of application. An eligible owner-occupied property must be in the Chicago, in habitable condition, a one to four (1-4) property unit, work must not exceed program limit, and not in risk of foreclosure. **NOTE:** Commercial and Mixed-use units (apartment plus business or commercial units) do not qualify for program. A property that received assistance in the past under the program is ineligible to participate again.

All utilities must be current and in working order. If the owner sells, transfers title, or no longer occupies the property within one year of the grant service, the owner will be required to pay back a prorated amount of the funds.

How to Apply

Interested homeowner(s) can download an application package starting November 1st to April 1, 2022, at www.chicago.gov/ehrp.

Funding is limited and available on a first-come-first-service basis. The completed and signed application along with all required documents that relate to your household must be returned to the DOH as soon as possible. A document checklist is provided for your convenience with the application. Any application packet missing the required documents will be considered incomplete and not processed until all required documents are received. A written notification letter will be mailed requesting the missing documents that must be returned to the office by the included deadline date. Incomplete applications will not be processed.

2021 QUALIFYING INCOME SUMMARY

2021 MAXIMUM GROSS (Before Deductions) INCOME LIMITS

Household Size	Max Income 80% AMI
1	\$52,200
2	\$59,650
3	\$67,100
4	\$74,550
5	\$80,550
6	\$86,550
7	\$92,450
8	\$98,450

Income limits are based on the Chicago-Naperville-Joliet, IL HUD Metro FMR Area (HMFA).
Effective until superseded

REST OF PAGE INTENTIONALLY LEFT BLANK

EMERGENCY HEATING REPAIR PROGRAM (EHRP)

FREQUENTLY ASKED QUESTIONS (FAQs)

1. What type of residential properties qualifies for the EHR program?
✓ **ANSWER:** A Chicago owner occupied residential property that has one to four residential units. (Commercial, mixed-use (store-front and residential) and 5+ condo buildings are not eligible.
2. If I own a Chicago residential property and it is not my primary residency, can I participate in the program?
✓ **ANSWER:** No. Only the owner-occupied residential properties with 1 to 4 units can participate.
3. What is the Income Qualification?
✓ **ANSWER:** The total gross household income cannot exceed HUD's 80% AMI (Area Median Income) requirement. An income summary sheet is included as part of the application for your convenience.
4. Does all household members' income need to be included to qualification process?
✓ **ANSWER:** Yes. Every household member that receives income would need to provide their gross income to determine the total household gross income.
5. What does the gross income mean?
✓ **ANSWER:** The amount of income you receive **before any deductions** for taxes, healthcare, etc.,) have been taken out of the earnings.
6. Do I need to have homeowners' insurance to qualify for the program?
✓ **ANSWER:** Yes. As a requirement of the program the property must have adequate insurance liability coverage.
7. If I received EHRP service in a previous year under the EHR program, can I apply again?
✓ **ANSWER:** No. The program is available for one service (furnace or boiler), one (1) time for the life of the property.
8. If I bought my Chicago home under one (1) year ago, could I apply?
✓ **ANSWER:** No. You must own and reside on the property for one or more years before completing an application.
9. If my furnace/boiler is not working in the cold weather, how can I get emergency help under the program?
✓ **ANSWER:** You can call the City's 311 or DOH customer service line at (312) 744-3653 or visit www.chicago.gov/ehrp and download an application to start the process. Applications can be picked up or dropped off between 9am to 4pm at Chicago Department of Housing, City Hall, 10th floor, Rm 1000, 121 N. LaSalle Chicago, IL. 60602. If you need emergency heating service Monday through Friday after 4pm, or on weekends, please call the City's 311 service line with

your request. DOH will reply within two (2) business days. 311 can also direct you to a nearby warming center.

10. Do I need to be present when an inspector comes out to my home for a site inspection?

- ✓ **ANSWER:** Yes. The preference is that the owner is present between the hours of 7:30am and 3pm Monday through Friday.

11. How long will it take for me to get a status on my application after I submit it?

- ✓ **ANSWER:** The initial process starts when the loan officer has received all the required documents. After all documents have been received from applicant, it may take two to seven business day for a status. Afterwards, a status letter will be mailed and a DOH inspector will contact you to schedule a site visit if approved.

12. If I own a multi-family property (2-4 units) that has a separate heating system for the rental unit(s), can the rental heating unit(s) or boiler(s) be repaired under the program?

- ✓ **ANSWER:** No. Repairs are provided to owner-occupied unit only. However, if the central heating unit services the entire building, then the additional rental unit(s) will benefit from the repair/replacement to the heating system also.

13. What are the next steps after I have been determined income eligible?

- ✓ **ANSWER:** Your income eligibility application will be sent to DOH construction team. They will contact you by phone or an email to schedule and set-up a site inspection appointment. Also, a reservation letter will be mailed to your home by DOH's loan processor.

14. After the site inspection has been completed, how long will it take for my furnace or boiler to be repaired?

- ✓ **ANSWER:** Repairs are performed on a first-come/first-served basis. Scheduling is controlled by the contractor. After DPD site inspection is completed, homeowner can directly contact contractor for status of their work/repair. Contractor information will be located on your written reservation letter.

15. Can I get the repairs done by a contractor of my choice and have the City of Chicago reimburse me for the cost?

- ✓ **ANSWER:** No. DOH has contracted with vendors (contractors) who have met the City of Chicago's vendor requirement through the City's procurement process. They will be the assigned contractor for the work.

16. Who should I call if I have questions regarding my application status or documents?

- ✓ **ANSWER:** You can speak to a program officer: Regina Gibson (312) 744-0070, Jequetta Vaughn (312) 744-5409 or Cindy Patino at (312) 744-1819 (Spanish-language).

17. Who should I call if I have problems with the repairs after the work has been completed?

- ✓ **ANSWER:** For any service-related issues, the homeowner should contact the assigned contractor directly. The contract's information can be found on the contracted documents that you will receive when the work is completed.

18. Is there a warranty on the work completed by the contractor under the program?

✓ **ANSWER:** Yes. There is a one-year warranty on the work starting from the Quality Control inspection date.

19. Will I ever have to pay back the grant funds?

✓ **ANSWER:** Typically, no. If the owner sells, transfer the title, or no longer occupies the unit within one (1) year from the date of the grant then the funds will have to be paid back on a prorated basis.

*****REST OF PAGE INTENTIONALLY LEFT BLANK*****

EMERGENCY HEATING REPAIR PROGRAM (EHRP)

Application Form

Enrollment Period: November 1, 2021 – April 1, 2022

Date: _____

I. Personal Information (questions marked with an * must be complete)											
*1) Applicant's Name					*2) Home Address						
					Apt #		Zip Code				
*3) Last four (4) digits of Social Security XXX-XX-		*5) Marital Status Check One Single		*6) Sex Check One Male		7a) Race		*8) Applicant Status Check One		9a) Home Phone #	
4) Date of Birth (MM/DD/YYYY)		Married		Female		7b) Ethnicity		Veteran		9b) Cell #	
		Divorced						Disabled			
		Widowed						Senior (62 years or older)		9c) Email Address	
Separated											
10) Employer Name					11) Employer Address						
12) Business Phone		13) Job Title			14) Length of Employment		15) Name & Address of Previous Employer (if less than 2 years at current job)				
					# of Years						
					# of Months						
16) Co-applicant Name					17) Home Address (if different)						
					Apt #		Zip code				
18) Last four (4) digits of Social Security XXX-XX-		20) Marital Status Check One Single		21) Sex Check One Male		22a) Race		23) Applicant Status Check One Veteran		24a) Home Phone #	
19) Date of Birth (MM/DD/YYYY)		Married		Female		22b) Ethnicity		Disabled		24b) Cell #	
		Divorced						Senior (62 years or older)			
		Widowed						24c) Email Address			
Separated											
25) Employer Name					26) Employer Address						
27) Business Phone		28) Job Title			29) Length of Employment		30) Name & Address of Previous Employer (if less than 2 yrs. at current job)				
					# of Years						
					# of Months						

II. Property Information

31) Is this a multi-unit building?		Yes	If yes, how many units are occupied?		How many units are vacant?	
		No				
32a) Is this building a Townhouse?		Yes	32b) Is this building a Condo?			Yes
		No				No
33) Year Purchased			34) Refinanced		Yes	34a) Year Refinanced
					No	
35) Structure Type Check One		Brick	36) Service being Requested Check One			Furnace
		Frame				
		Stucco				
		Other				Boiler

III. Household Information *ALL HOUSHOLD MEMBERS MUST BE LISTED BELOW*

37) List the names of all household members (required) Provide any additional members on a separate page	38) Age (Required)	39) Relationship	40) Monthly Gross Income**	41) Source of Income**
		Owner (Applicant)		
		Co-Owner (Co-Applicant)		
42(a) Total number of household members				
42b) Are any of the household members children under the age of 7? *Note: Application must include all household members and if 18 yrs. or older must include a valid photo identification* (must provide age above)				
43) Total Monthly Gross Income of all Household Members				
Applicant(s) must provide a valid source of income to participate in program				

IV. HOUSING EXPENSES

Expense Type	44) Monthly Payment	45) Past Due* (If applicable)	DOH Staff Only (Do not use)
a) First Mortgage			
b) Second Mortgage			
c) Homeowner's Insurance			
d) Real Estate Taxes			
e) Heat (Gas)			
f) Electric			
g) Water			
h) Maintenance Costs (if more than one unit)			
Total Housing Expenses			

*Please indicate if you have a payment plan or have a mortgage loan

V. Property Mortgage Information

46) Please indicate name on mortgage account if different than owner's					
47) Name of Mortgage Lender/Mortgagee					48) Monthly Payment
First Mortgage Lender (if applicable)					\$
Second Mortgage Lender (if applicable)					\$
49) Do you have a Reverse Mortgage?		Yes	50) Are you currently receiving monthly payments from the Reverse Mortgage?		Yes
		No	If yes, please indicate the monthly amount		No
51) Do you have any other liens on your property?		Yes	If yes, please list the type of lien.		
		No			

VI. Type of Assistance Requested				
52) Type of Repair			Previous HEATING Assistance of the EMERGENCY HEATING REPAIR(s)	
<u>SELECT ONLY ONE</u> Please select one and mark with an "X"			Have you ever applied for the Emergency Heating Repair program before?	Yes
Furnace System	Repair			No
	Replace			
Boiler System	Repair		If so, When?	
	Replace		What work was completed?	

Additional Comments

REPRESENTATIONS AND WARRANTIES

The information contained within this statement is in support of an application for assistance from the Chicago Department of Housing (DOH). Each of the undersigned acknowledge and understand that DOH is relying on the information provided herein in deciding to award assistance in the form of a loan or grant. Each of the undersigned represents warrants and certifies that the information provided herein on financial condition and household size is true, correct, and complete. Each of the undersigned agrees to notify DOH immediately and in writing of any change in name, address employment and of any material adverse change

(1) in any of the information contained in the statement,

(2) in the financial condition of any of the undersigned or, (3) in the ability of the undersigned to perform its (their) obligations to you. In the absence of such written notice, this should be considered as a continuing statement and substantially correct. Each of the undersigned hereby authorizes DOH to make all inquiries it deems necessary to verify the accuracy of the information contained within and to determine the creditworthiness of each of the undersigned. Each of the undersigned authorizes any person or consumer crediting reporting agency to give the city information it may have regarding each of the undersigned. Each of the undersigned authorizes DOH to answer questions about its credit experience with the undersigned. If any obligation or guarantee of the undersigned to DOH is outstanding, the undersigned may be asked to supply an updated financial statement. The personal financial statement and any other financial or other information that the undersigned gives and shall be the City's property to be released as DOH deems fit.

Application Certification

I have received a copy of the Program summary sheet and supporting documents outlining the **Emergency Heating Repair (EHR) Program**. Please note: The completion of an application is not a guarantee of service. **The Department of Housing (DOH)** reserves the right to cancel this application when deemed necessary.

53a) Applicant Signature (required)

Date

53b) Co-applicant Signature (required – If applicable)

Date

54) Please answer the following two questions. This information is being compiled for statistical purposes only and will not be used to make funding or eligibility decisions. Please check the following which most describes you:

<input type="checkbox"/>	White
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
<input type="checkbox"/>	American Indian/Alaskan Native and Black/African American
<input type="checkbox"/>	Asian and White
<input type="checkbox"/>	Other/Multiracial
<input type="checkbox"/>	I choose not to answer this question
<input type="checkbox"/>	I am of Hispanic Origin
<input type="checkbox"/>	I am not of Hispanic Origin
<input type="checkbox"/>	I choose not to answer this question

EMERGENCY HEATING REPAIR PROGRAM (EHRP)

Tenant Self Certification of Annual Income Form

Date _____

Landlord Name (s)			
Property Address			
Zip Code		Tenant Unit Number/Floor	
Number of Units in Building			

INSTRUCTIONS: The two (2) page certification form must be completed by tenant(s) only when the repair/replacement of the boiler or heating system services and heats the entire residential building. Please complete each section below.

1. Primary tenant(s) household information. All household members information may be provided in the table below.

Full Names of all household members required: (if additional members please provide a separate page)	Age*	Relationship to Head of Household Tenant	Disable Person (Yes or No)	Annual Gross Income*	Source of Income* (All sources, i.e., wages, social security, Pension etc.)
		Head of Household Tenant			
		Co-Head of Household Tenant			

Are any household members listed above under the age of seven (7)?	Yes
	No

2. Total # of Household Members

3. Total Annual Gross Income of all Household Members

--	--

4. Contact Information

Phone number(s)	Address(es)	City/State

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Landlord Name (s)

Date

Property Address

Zip Code

*****REST OF PAGE INTENTIONALLY LEFT BLANK*****

5. Certification of Information

I/we certify that this information is complete and accurate. I/we agree to provide if requested, any/all income documents to the Housing and Urban Development (HUD) Grantee/Program Administrator.

Signature (Head of Household)	Print Name	Date
Signature (Co-Head of Household)	Print Name	Date
Household Member (18 yrs. or older)	Print Name	Date
Household Member (18 yrs. or older)	Print Name	Date
Household Member (18 yrs. or older)	Print Name	Date
Household Member (18 yrs. or older)	Print Name	Date

***Please attach another copy of this page if additional signature lines are required**

*****REST OF PAGE INTENTIONALLY LEFT BLANK*****

NOTIFICATION

TO; OWNERS, TENANTS AND PURCHASERS OF HOUSING CONSTRUCTED BEFORE 1978

WATCH OUT FOR LEAD BASED PAINT POISONING

SOURCES OF LEAD BASED PAINT

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills, doors, and door frames. Lead-based paint and primers may also have been used on outside porches railings, garages, fire escapes and lamp posts. When the paint chips, flakes, or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, window sills, or other items when parents are not around. Children can also ingest lead even if they do

Not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles obtaining lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

HAZARDS OF LEAD – BASED PAINT

Lead poisoning is dangerous- especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

SYMPTOMS OF LEAD-BASED PAINT POISONING

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomachaches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

ADVISABILITY AND AVAILABILITY OF BLOOD LEVEL SCREENING

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Department of Planning and Development or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate the hazard.

PRECAUTIONS TO TAKE TO PREVENT LEAD-BASED PAINT POISONING

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, door frames and window sills. Are there places where the paint is peeling, flaking, chipping, or powdering?. If so, there are some things you can do immediately to protect your child:

- (a) Cover all furniture and appliances
- (b) Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, window wells, and ceilings.
- (c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. **DO NOT BURN THEM;**
- (d) Do not leave paint chips on the floor in window wells. Damp mop floors and window sills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important.
- (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.
- (f)

HOMEOWNER MAINTENANCE AND TREATMENT OF LEAD-BASED PAINT HAZARDS

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from

faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping, or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainting with two (2) coats of non-lead-based paint. Instead of scraping or repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. **WHENEVER POSSIBLE, THE REMOVAL OF LEAD-BASED PAINT SHOULD TAKE PLACE WHEN THERE ARE NO CHILDREN OR PREGANT WOMEN ON THE PREMISES.** Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problems can make a big difference.

TENANT AND HOME BUYER RESPONSIBILITIES

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should cooperate with that office's effort to repair the unit.

I have received a copy of Notice entitled "EPA and HUD Move to Protect Children from Lead-Based Paint Poisoning; Disclosure of Lead-Based Paint Hazards in Housing."

DATE

PRINT FULL NAME

SIGNATURE



FACT SHEET

EPA and HUD Move to Protect Children from Lead-Based Paint Poisoning; Disclosure of Lead-Based Paint Hazards in Housing

SUMMARY

The Environmental Protection Agency (EPA) and the Department of Housing and Urban Development (HUD) are announcing efforts to ensure that the public receives the information necessary to prevent lead poisoning in homes that may contain lead-based paint hazards. Beginning this fall, most home buyers and renters will receive known information on lead-based paint and lead-based paint hazards during sales and rentals of housing built before 1978. Buyers and renters will receive specific information on lead-based paint in the housing as well as a Federal pamphlet with practical, low-cost tips on identifying and controlling lead-based paint hazards. Sellers, landlords, and their agents will be responsible for providing this information to the buyer or renter before sale or lease.

LEAD-BASED PAINT IN HOUSING

Approximately three-quarters of the nation's housing stock built before 1978 (approximately 64 million dwellings) contains some lead-based paint. When properly maintained and managed, this paint poses little risk. However, 1.7 million children have blood-lead levels above safe limits, mostly due to exposure to lead-based paint hazards.

EFFECTS OF LEAD POISONING

Lead poisoning can cause permanent damage to the brain and many other organs and causes reduced intelligence and behavioral problems. Lead can also cause abnormal fetal development in pregnant women.

BACKGROUND

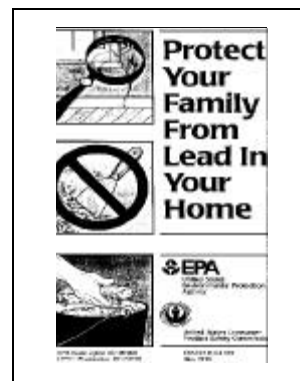
To protect families from exposure to lead from paint, dust, and soil, Congress passed the Residential Lead-Based Paint Hazard Reduction Act of 1992, also

known as Title X. Section 1018 of this law directed HUD and EPA to require the disclosure of known information on lead-based paint and lead-based paint hazards before the sale or lease of most housing built before 1978.

WHAT IS REQUIRED

Before ratification of a contract for housing sale or lease:

- Sellers and landlords must disclose known lead-based paint and lead-based paint hazards and provide available reports to buyers or renters.
- Sellers and landlords must give buyers and renters the pamphlet, developed by EPA, HUD, and the Consumer Product Safety Commission (CPSC), titled *Protect Your Family from Lead in Your Home*.
- Home buyers will get a 10-day period to conduct a lead-based paint inspection or risk assessment at their own expense. The rule gives the two parties flexibility to negotiate key terms of the evaluation.
- Sales contracts and leasing agreements must include certain notification and disclosure language.
- Sellers, lessors, and real estate agents share responsibility for ensuring compliance.



WHAT IS NOT REQUIRED

- This rule does not require any testing or removal of lead-based paint by sellers or landlords.
- This rule does not invalidate leasing and sales contracts.

TYPE OF HOUSING COVERED

Most private housing, public housing, Federally owned housing, and housing receiving Federal assistance are affected by this rule.

TYPE OF HOUSING NOT COVERED

- Housing built after 1977 (Congress chose not to cover post-1977 housing because the CPSC banned the use of lead-based paint for residential use in 1978).
- Zero-bedroom units, such as efficiencies, lofts, and dormitories.
- Leases for less than 100 days, such as vacation houses or short-term rentals.
- Housing for the elderly (unless children live there).
- Housing for the handicapped (unless children live there).

- Rental housing that has been inspected by a certified inspector and found to be free of lead-based paint.
- Foreclosure sales.

EFFECTIVE DATES

- For owners of more than 4 dwelling units, the effective date is September 6, 1996.
- For owners of 4 or fewer dwelling units, the effective date is December 6, 1996.

THOSE AFFECTED

The rule will help inform about 9 million renters and 3 million home buyers each year. The estimated cost associated with learning about the requirements, obtaining the pamphlet and other materials, and conducting disclosure activities is about \$6 per transaction.

EFFECT ON STATES AND LOCAL GOVERNMENTS

This rule should not impose additional burdens on states since it is a Federally administered and enforced requirement. Some state laws and regulations require the disclosure of lead hazards in housing. The Federal regulations will act as a complement to existing state requirements.

FOR MORE INFORMATION

- For a copy of *Protect Your Family from Lead in Your Home* (in English or Spanish), the sample disclosure forms, or the rule, call the National Lead Information Clearinghouse (NLIC) at (800) 424-LEAD, or TDD (800) 526-5456 for the hearing impaired. You may also send your request by fax to (202) 659-1192 or by Internet E-mail to ehc@cais.com. Visit the NLIC on the Internet at <http://www.nsc.org/nsc/ehc/ehc.html>.
- Bulk copies of the pamphlet are available from the Government Printing Office (GPO) at (202) 512-1800. Refer to the complete title or GPO stock number 055-000-00507-9. The price is \$26.00 for a pack of 50 copies. Alternatively, persons may reproduce the pamphlet, for use or distribution, if the text and graphics are reproduced in full. Camera-ready copies of the pamphlet are available from the National Lead Information Clearinghouse.
- For specific questions about lead-based paint and lead-based paint hazards, call the National Lead Information Clearinghouse at (800) 424-LEAD, or TDD (800) 526-5456 for the hearing impaired.
- The EPA pamphlet and rule are available electronically and may be accessed through the Internet.

Electronic Access:

Gopher: gopher.epa.gov:70/11/Offices/PestPreventToxic/Toxic/lead_pm

WWW: <http://www.epa.gov/opptintr/lead/index.html>
<http://www.hud.gov>

Dial up: (919) 558-0335

FTP: [ftp.epa.gov](ftp://ftp.epa.gov) (To login, type "anonymous." Your password is your Internet E-mail address.)

Emergency Heating Repair Program (EHRP) Document Checklist

Applicant Name

Date

The following required documents that apply to your household, must be included when returning your completed and signed application. Please mark an “X” by document included in your application packet.

	Copy of current Property Deed (must be recorded with Cook County Recorder of Deeds Office)
	Copy of current mortgage Statement, reverse mortgage statement, OR lender mortgage modification agreement (past due statements are not accepted)
	Copy of current Cook County Real Estate Tax Bill
	Copy of current Homeowner's Insurance Declaration page or policy (expired statements not acceptable)
	Copy of signed 2019 and 2020 Federal Tax Returns including all schedule exhibits and addendums (must be signed and dated)
	Copy of all 2020- and 2019-years employer W2s and any 1099 forms
	Copies of all income documentation from each household member (see below for documentation)
	Copy of the three most-recent paycheck stubs
	Copy of current year Social Security Statement or award letter
	Copy of current year Disability statement or award letter
	Copy of current pension and annuity statements
	Copy of current Dividends and capital Gains Statements
	Copy of current Unemployment Benefit Statement (online printouts not acceptable)
	Copy of DHS Public Cash Assistance Letter (excluding SNAP/Link benefits)
	Copy of current lease or three (3) current rent receipts from all tenants (in 2–4-unit buildings)
	Tenant certification form (if applicable) (Note: tenant to complete, sign, and date)
	Copy of current profit and loss statement if Self-employed (must be signed and notarized)
	Copy of school records and/or transcripts (if any household member is currently enrolled)
	Copy of current Gas bill (payment plan letter must be included if applicable)
	Copy of current Electric Bill (payment plan letter must be included if applicable)
	Copy of current Water Bill (payment plan letter must be included if applicable)
	Copy of death certificate (if applicable)
	Copy of Divorce Decree or Legal Separation agreement (if applicable)
	Copy of State Identification or Driver's License on all adults in household 18 years or older, and all co-owners
	Copy of State ID or Driver's License of co-owner not residing in the property
	Copy of Social Security Cards on all household members, minor children, and co-owner(s) not living on the property
	Copy of current Building Code violations (if applicable)
	Notarized Letter of Explanation regarding

NOTE: Funding is available on a first-come-first-service basis. Please return the completed and signed application *with all required* documents that relate to your household as soon as possible. A document checklist is provided for your convenience with the application. Application packets missing any required documents, will be placed on hold until all documents are received. If any of the required documentation is missing from your application packet, a written notification will be mailed requesting those documents that must be returned to the office by the included deadline. **Incomplete applications will not be processed.**

DUE TO THE COVID-19 PANDEMIC, COMPLETED APPLICATION PACKAGE CAN BE RETURNED BY ONE (1) OF THE FOLLOWING WAYS:

- **Mail:** Chicago Department of Housing (DOH) City Hall, 121 N. LaSalle, 10th flr., Rm 1000, Chicago, IL 60602. Attn: Emergency Heating Repair Program
- **Email:** ehrp@cityofchicago.org **In Subject Line:** EHRP application
- **Drop-off:** Chicago Department of Housing (DOH) - City Hall 121 N LaSalle, 10th flr., Rm. 1000 Chicago, IL. 60602
- **Fax:** (312) 742-0264: **Attn: Emergency Heating Repair Program (EHRP)**

If you have any questions, please contact one of the following loan officers Regina Gibson at (312) 744-0070, Jequetta Vaughn at (312) 744-5409 or Cindy Patino at (312) 744-1819 (Spanish-language)